

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	137	State Index No. <u>506</u>
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>47</u>
Town of _____	Local Registrar's No. _____		
or <u>Globe</u>	(No. _____)	St; _____	Ward) _____
City of _____			
FULL NAME OF CHILD <u>Jester Howard</u>			Born <input checked="" type="checkbox"/> YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.			Alive <input checked="" type="checkbox"/> NO
Sex of Child <u>M</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>2</u>
			Legitimate? <u>yes</u>
			Date of Birth <u>Feb 26</u> 191 <u>5</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>J. R. Rice</u>		Full Maiden Name <u>Lola Thompson</u>	
Residence <u>N. Globe</u>		Residence <u>N. Globe</u>	
Color or Race <u>W</u>		Color or Race <u>W</u>	
Age at last Birthday <u>44</u> (Years)		Age at last Birthday <u>34</u> (Years)	
Birthplace <u>Ind.</u>		Birthplace <u>Mo</u>	
Occupation <u>Miner</u>		Occupation <u>Housewife</u>	
Number of child of this mother... <u>2</u>		Number of children, of this mother, now living... <u>1</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>26 Feb</u> 191 <u>5</u> , at <u>29</u> L. M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>R. D. [unclear]</u>	
Given or christian name added from a supplemental report _____ 191 <u>5</u>		Address <u>B. G. Jay</u>	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
Filed <u>Mar 1</u> 191 <u>5</u>		A True Copy <u>B. G. Jay</u>	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	